

☒ Initial Application  
☐ Amended Application  
Date: \_\_\_\_\_



STATE OF ARIZONA  
COMMITTEE STATEMENT  
OF ORGANIZATION

RECEIVED

MAR 10 2022

COMMITTEE ID NUMBER  
(office use only)

PAC2022-02

COMMITTEE TYPE (choose one):

Town of Cave Creek

☒ **Candidate**

Committee Name (required): SOVA FOR COUNCIL  
(first or last name & office)

Candidate Information:

Candidate's Name (required): RONALD SOVA

Candidate's mailing address (required): 6231 E MARK WAY - 46, CAVE CREEK, AZ 85331

Candidate's email address (required): RAS 2919 @ GMAIL . COM

Candidate's phone number (required): 847-997-8840

Candidate's website (if any): N/A

Office Sought (choose one): ☐ County Office: \_\_\_\_\_ ☐ District (if applicable): \_\_\_\_\_

☒ City/Town Office: COUNCIL MEMBER ☐ District (if applicable): \_\_\_\_\_

☐ School Board Office: \_\_\_\_\_ ☐ District (if applicable): \_\_\_\_\_

☐ Special District Board: \_\_\_\_\_ ☐ District (if applicable): \_\_\_\_\_

Election Cycle for Office Sought (year the election will take place) (required): \_\_\_\_\_

Party Affiliation: ☐ Democrat ☐ Green ☐ Libertarian ☐ Republican ☐ Other: \_\_\_\_\_  
(required for partisan offices)

☐ **Political Action Committee (PAC)**

Committee Name (required): \_\_\_\_\_  
(if sponsored, must include sponsor's name)

Political Function (optional): ☐ Contributions ☐ Candidate-Related Independent Expenditures  
(select any that apply) ☐ Ballot Measure Expenditures ☐ Recall Expenditures

Sponsorship Information: Sponsor's name or nickname (required): \_\_\_\_\_  
(if applicable) Sponsor's mailing address (required): \_\_\_\_\_  
Sponsor's email address (required): \_\_\_\_\_  
Sponsor's phone number (if any): \_\_\_\_\_  
Sponsor's website (if any): \_\_\_\_\_

Special Status (if applicable) ☐ Separate Segregated Fund of a Corporation, LLC, Partnership, or Union  
☐ Standing Committee (must also complete separate standing committee registration)  
☐ Mega PAC (must provide proof of Mega PAC status to filing officer) (amended applications only)

☐ **Political Party**

Committee Name (required): \_\_\_\_\_  
(must include party affiliation)

Jurisdiction: ☒ State Party (must include proof of qualification pursuant to A.R.S. § 16-801 or § 16-804)  
☒ County Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)  
☒ Legislative District Party (must include proof of organization pursuant to A.R.S. § 16-823)  
☒ City or Town Party (must include proof of qualification pursuant to A.R.S. § 16-802 or § 16-804)

Special Status (if applicable) ☒ Standing Committee (must also complete separate standing committee registration)

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COMMITTEE INFORMATION:

Contact Information:

Committee's mailing address (required): 6231 E MARK WAY-46, CAVE CREEK, AZ  
Committee's email address (required): RAS 2919 @ GMAIL.COM  
Committee's phone number (if any): 847-997-8840  
Committee's website (if any): N/A

Chairperson's Information:

Chairperson's name (required): RONALD SOVA  
Chairperson's physical address (required): 6231 E MARK WAY-46, CAVE CREEK, AZ  
Chairperson's mailing address (if different): —  
Chairperson's email address (required): RAS 2919 @ GMAIL.COM  
Chairperson's phone number (required): 847-997-8840  
Chairperson's employer (required): RETIRED - N/A  
Chairperson's occupation (required): RETIRED - N/A

Treasurer's Information:

Treasurer's name (required): RONALD SOVA  
Treasurer's physical address (required): 6231 E MARK WAY-46, CAVE CREEK, AZ  
Treasurer's mailing address (if different): N/A  
Treasurer's email address (required): RAS 2919 @ GMAIL.COM  
Treasurer's phone number (required): 847-997-8840  
Treasurer's employer (required): N/A - RETIRED  
Treasurer's occupation (required): N/A - RETIRED

Bank or Financial Institution:  
(do not list acct numbers)

Bank name (required): BANK OF AMERICA  
Additional bank name (if applicable): N/A  
Additional bank name (if applicable): N/A

DECLARATION AND SIGNATURES:

I declare under penalty of perjury that the foregoing information is true and correct. I further declare that I: (1) consent to serve as chairperson or treasurer of the committee named herein, if applicable; (2) designate the above-named committee as my official candidate committee and authorize it to receive/make contributions/expenditures on my behalf, if applicable; (3) have read the Secretary of State's campaign finance and reporting guide; (4) agree to comply with Arizona election law, including campaign finance laws codified at A.R.S. §§ 16-901 to 16-938; and (5) agree to accept all notifications and legal service of process for campaign finance purposes via the email address(es) provided herein.

Chairperson's signature: \_\_\_\_\_

Date: 03/10/2022

Treasurer's signature: \_\_\_\_\_

Date: 03/10/2022

Candidate's signature (if applicable): \_\_\_\_\_

Date: 03/10/2022